

## REIMBURSEMENT REQUEST 2007-2008 Academic Year

<b>GET ACCOUNT NUMBER</b>	
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<b>Account Owner's Name</b>	<b>Account Owner's Social Security Number</b>
<b>Student Beneficiary's Name</b>	<b>Student Beneficiary's Social Security Number</b>

### 1. Please select the term for which you are requesting reimbursement for the 2007-2008 Academic Year:

☐ Fall
 ☐ Winter
 ☐ Spring
 ☐ Summer

### 2. Please indicate the appropriate type and amount of the reimbursement.

☐ **Tuition and fees** \$\_\_\_\_\_
 ☐ **Room and Board**

Must be a half-time or full-time student for Room and Board reimbursement. Amount cannot exceed the room and board allowance calculated by the school in its Cost of Attendance budget.

☐ **Textbooks** \$\_\_\_\_\_
 ☐ **On Campus** \$\_\_\_\_\_

☐ **Equipment** \$\_\_\_\_\_
 ☐ **Off Campus (not at home)** \$\_\_\_\_\_

☐ **Supplies** \$\_\_\_\_\_
 ☐ **Off Campus (at home)** \$\_\_\_\_\_

<b>TOTAL AMOUNT REQUESTED \$</b> _____
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### 3. Indicate below who you would like the check payable to:

NOTE: Payments made to the Student Beneficiary REQUIRE notarization and check will be sent to the address on file

☐ Make the check payable to the ACCOUNT OWNER
☐ Make the check payable to the STUDENT BENEFICIARY  
 REQUIRES notarization - see section 4

### 4. Notary Section (notarize the Account Owner's signature) – REQUIRED ONLY for checks payable to the Student Beneficiary

State of \_\_\_\_\_  
County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(seal or stamp)

Title: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

I certify that this reimbursement request is for qualified educational expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10% of earnings penalty for non-qualified distributions on my federal tax return. I also understand that I am responsible for maintaining adequate records to substantiate qualified higher education expenses. Qualified educational expenses include the costs of tuition, fees, books, supplies, and equipment required for the enrollment or attendance at an eligible educational institution. IRS rules on qualified and non-qualified higher education expenses can be found at [www.irs.gov/pub/irs-pdf/p970.pdf](http://www.irs.gov/pub/irs-pdf/p970.pdf).

Requests for reimbursement should not exceed the balance remaining in the student beneficiary's GET account for the academic year of the request.

<b>Printed name of Account Owner</b>	<b>Signature of Account Owner</b>	<b>Date</b>

**Submit to:** Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318